

VANCOUVER FLYING CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

FLYING MEMBER

NON-FLYING MEMBER

Name: _____ Weight: _____ LBS Height: _____

 Status in Canada: Citizen PR Non-Resident / Foreign Student

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Occupation: _____

Employer: _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____

PILOT FLYING INFORMATION (FLYING MEMBER)

Date of Birth: _____ Pilot Licence #: _____ Last Aviation Medical: _____

 Medical Category: Category 1 Category 3 Category 4

Please check applicable ratings or endorsements:

 Private REC Commercial UL ATP Night IFR

 Multi OTT Float Instructor

PILOT HOURS

	TYPE	PIC	DUAL	TOTAL
Lifetime Hours	ALL AIRCRAFT			
	On Piper Warrior PA-28-151			
	On Piper Tomahawk PA-38-112			
	HELICOPTER			
	FLOAT			
	MULTI-ENGINE			
	TAIL WHEEL			
	RETRACT			
	CONSTANT PROP			
	TURBO			
	Last 3 Months	ALL AIRCRAFT		
On Piper Warrior PA-28-151				
On Piper Tomahawk PA-38-112				
Last 12 Months	ALL AIRCRAFT			
	On Piper Warrior PA-28-151			
	On Piper Tomahawk PA-38-112			

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PILOT HISTORY		TRAINING DETAILS	AIRCRAFT MAKE/MODEL	TOTAL HOURS COMPLETED
LICENSE LIMITATIONS OR CITATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DUAL INSTRUCTION		
AVIATION ACCIDENTS OR CITATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTT		
AVIATION CLAIMS LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IFR		
IF YES, EXPLAIN:		GROUND SCHOOL		
		NIGHT		
		INSTRUCTOR CLASS		
		FLOAT		

EMERGENCY CONTACT

Name of Emergency Contact:

Address:	Phone:
City:	Postal Code:
Province:	

Relationship:

FLIGHT SCHOOL INFORMATION

Name of Flight School where you graduated from:

Flight School Address:

City:	Province:	Postal Code:
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CFI Name: _____ CFI Cell Phone: _____

REFERENCE 1

Name: _____

Address: _____

Cell Phone: _____	E-mail: _____	Relationship: _____
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REFERENCE 2

Name: _____

Address: _____

Cell Phone: _____	E-mail: _____	Relationship: _____
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REFERENCE 3

Name: _____

Address: _____

Cell Phone: _____	E-mail: _____	Relationship: _____
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WAIVER

In consideration of the Vancouver Flying Club's acceptance of my application for membership and granting permission to fly its aircraft as pilot, whether dual or solo, I accept all risk and responsibility of my personal safety. I release the Vancouver Private Flying Club from all claims and actions that might arise therefrom. I also authorize the verification of the information provided on this form as to my flying history and references. I have received a copy of this application.

Signature of applicant: _____	Date: _____
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